

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6354</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Peter</u> <u>Iriate</u> P.O. Box, Bldg., Room No., if any Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>	4. Name, file number, and address of labor organization. Name <u>O.P.C.M.I.A., Local Union #630</u> Labor Organization File Number <u>037-279</u> P.O. Box, Building and Room Number, if any Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>
5. Position in labor organization. <u>Recording secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/8/05

Date

(808) 841-0491

Telephone Number

Name of Person Filing Peter Iriate	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hawaii Masons & Plasterers Training Trust Fu</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any: <input type="text"/></p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any: <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p>Expenses incurred as trustee on multiemployer Taft-Hartley employee benefits plan (See Attachment 1 of 5 pages)</p> <p>11.b. Approximate dollar value of such dealing. \$6,646</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-style: italic;">None</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any: <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><input type="text"/></p>

Name of Person Filing **Peter Iriate**

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Masons Vacation and Holiday Trust Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2251 North School Street**

City **Honolulu**

State **Hawaii** ZIP Code + 4 **96819**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Expenses incurred as trustee on multiemployer Taft-Hartley employee benefits plan (See Attachment 2 of 5 pages)

11.b. Approximate dollar value of such dealing.

\$20

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Peter Iriate

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Masons Health and Welfare Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2251 North School Street

City Honolulu

State Hawaii ZIP Code + 4 96819

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Expenses incurred as trustee on multiemployer Taft-Hartley employee benefits plan (See Attachment 3 of 5 pages)

11.b. Approximate dollar value of such dealing.

\$63

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing **Peter Iriate**

File Number **U-**

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Masons Pension Trust Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2251 North School Street**

City **Honolulu**

State **Hawaii** ZIP Code + 4 **96819**

9. Business deals with:

☒ **a. Labor Organization**

☐ **b. Trust**

☐ **c. Employer**

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Expenses incurred as trustee on multiemployer Taft-Hartley employee benefits plan (See Attachment 4 of 5 pages)

11.b. Approximate dollar value of such dealing.

\$267

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing **Peter Iriate**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **Hawaii Masons & Plasterers Annuity Trust Fun**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2251 North School Street**City **Honolulu**State **Hawaii** ZIP Code + 4 **96819****9. Business deals with:**☒ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Expenses incurred as trustee on multiemployer Taft-Hartley employee benefits plan (See Attachment 5 of 5 pages)

11.b. Approximate dollar value of such dealing.**\$83****12.a. Nature of interest held or income received.****12.b. Amount.**

Name of Person Filing **Peter Iriate**

File Number **U-**

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Sierra Investment Partners. Inc.**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street **101 Ygnacio Valley Road**
City **Walnut Creek**
State **California** ZIP Code + 4 **94596**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Masons Pension Trust Fund**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street **2251 North School Street**
City **Honolulu**
State **Hawaii** ZIP Code + 4 **96819**

11.a. Nature of such dealing.

Gift of wine bottle

11.b. Approximate dollar value of such dealing.

\$49

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing **Peter Iriate**

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Sierra Investment Partners. Inc.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **101 Ygnacio Road**

City **Walnut Creek**

State **California** ZIP Code + 4 **94596**

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Hawaii Masons & Plasterers Annuity Trust Fun**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2251 North School Street**

City **Honolulu**

State **Hawaii** ZIP Code + 4 **96819**

11.a. Nature of such dealing.

Gift of wine bottle

11.b. Approximate dollar value of such dealing.

\$49

12.a. Nature of interest held or income received.

12.b. Amount.

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
TR	January 1, 2004 through December 31, 2004		<u>Meetings</u>	
		112	Meeting expenses for attendance at quarterly trust fund meetings	Check
		20	Meeting expenses for attendance at special trustee meeting	Check
		<u>132</u>		
	January 1, 2004 through December 31, 2004	5,985	<u>Seminars (9/2004)</u>	Check
		-	Airfare	
		529	Hotel	
		-	Registration	
		-	Auto	
		-	Meals	
		<u>6,514</u>		
Total		<u>6,646</u>		

Amounts paid on behalf as a trustee of Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Peter Iriate
File Number - Initial filing
12/31/2004

Page 2 of 5 pages

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment payment</u>
VH	January 1, 2004 through December 31, 2004			

20	Meeting expenses for attendance at special trustee meeting	Check
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20

Amounts paid on behalf as a trustee of Masons Vacation and Holiday Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management). It is overseen by a board of trustees comprised of
Union and management trustees.

Peter Iriate
File Number - Initial filing
12/31/2004

Page 3 of 5 pages

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment payment</u>
HW	January 1, 2004 through December 31, 2004	31	Meeting expenses for attendance at quarterly trust fund meetings	Check

32 Meeting expenses for attendance at
special trustee meeting

63

Amounts paid on behalf as a trustee of Masons Health and Welfare Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management). It is overseen by a board of trustees comprised of
Union and management trustees.

Peter Iriate
File Number - Initial filing
12/31/2004

Page 4 of 5 pages

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
PN	January 1, 2004 through December 31, 2004	235	<u>Meeting expenses for attendance at</u> quarterly trust fund meetings	Check

32 Meeting expenses for attendance at
special trustee meeting

267

Amounts paid on behalf as a trustee of Masons Pension Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Peter Iriate
File Number - Initial filing
12/31/2004

Page 5 of 5 pages

Attachment to Form LM-30, Line 11.a,b

	<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
AN	January 1, 2004 through December 31, 2004	63	<u>Meeting expenses for attendance at</u> quarterly trust fund meetings	Check

20 Meeting expenses for attendance at
special trustee meeting

83

Amounts paid on behalf as a trustee of Masons & Plasterers Annuity Trust Fund (Trust Fund).
The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between
the Union and signatory employers (management). It is overseen by a board of trustees comprised of
Union and management trustees.

Peter Iriate
File Number – Initial filing
12/31/2004

General explanation on reporting amounts of Form LM-30

This individual is a union official for the Bricklayers AFL-CIO, Local Union #1, Labor Organization File Number 025-992 and is also a union official for the Plasterers and Cement Mason, ALF-CIO, Local Union #630, Labor Organization File Number 037-279. The amounts disclosed are total amounts received directly or on behalf of this union official and have not been allocated or prorated between the two labor organizations this individual represents.